

Rcvd By: \_\_\_\_\_  
Date Rcvd: \_\_\_\_\_

**Santa Rosa County Plan Review Department  
Revision Submittal Form**

**\*\*Note: Please do not submit revisions until all requested items are completed and submitted; otherwise an additional plan review fee may be assessed.**

**Fill Out All Blanks**

- 1.) Date Revisions Submitted \_\_\_\_\_
- 2.) Project Number \_\_\_\_\_
- 3.) Project Name \_\_\_\_\_
- 4.) Contractor Name \_\_\_\_\_
- 5.) Phone Numbers \_\_\_\_\_
- 6.) Fax Number \_\_\_\_\_

- ☐ Building      ☐ Electrical    ☐ Mechanical      ☐ Plumbing
- ☐ Gas              ☐ Life Safety      ☐ Other \_\_\_\_\_

**Minimum Requirements for Plan Revision Submittal**

Please check off when each requirement is met, or mark as non-applicable.

- ☐ Two copies of revisions for each category that are to be revised.
- ☐ All comments from the previous plan review must be answered.
- ☐ Identify where the revision for each comment can be found. **Clouding of changes is the preferred method.**
- ☐ All changes or additions made to a design professional's drawings must be signed and sealed by the design professional of record.
- ☐ Only the required revisions shall be submitted, any extra drawings or specifications should be discarded; otherwise an additional plan review fee may be assessed.

\_\_\_\_\_  
Printed Name of Person  
Submitting Revision(s)

\_\_\_\_\_  
Signature of Person  
Submitting Revision(s)